4	
ENTRY BLANK	
PLEASE TYPE OR PRINT	Entered previous May Show
	☐ yes ☐ no
Ms.	
Mr. Artist JOSEPHINE M	(Last Name Last)
Permanent Passage	D. D. Pr. DANK
Address 16135 FAUDING Street	BLUD. BROOKPARK
Street	City
44142 Tel. (216) 3	362-7133
Zip Area Code	
Temporary or Studio Address	
Street	City
Tel. () Zip Area Code	
If you do not presently live in one of Western Reserve, which county wer	
Collaborator	
(If Any)	
If May Show entries are not accepted. Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C	
Special Instructions When necessary include below instruction the object is to be assembled and di	
This entry blank must be fully made	out and signed Unsigned

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Josephine Wood

ENTRY BLANKS				
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	GRAPHICS AND PHO	TOGRAPHY ONLY		
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1979 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Rejected Objects: April 2 through 7

Accepted Objects: May 21 through 26

JOSEPHINE WOOD

Name

16135 PAUCDING BLUD

Address

City & State

OHIO 4414Z

Zip

DO NOT DETACH



IOTIFICATION CARD #2			
/			
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts			
Title			
AERATION OR ATTEMPTED BRAKIN			
DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED)		
85 (2) X			
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts			
Title			
AERATION OR COPULATION			
DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED)		
86 (2) X			
This is your only receipt to claim your object(s).			

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